

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Host Agency Monitoring Form

Participant's Name (Last, First, Middle)

Community Service Assignment (CSA) Title

Host Agency Name

Site Name (if different from Host Agency Name)

Location of Assignment (No, Street, City, State, Zip)

Supervisor's Name

Phone

Name of SCSEP Staff Conducting Monitoring

Date of Monitoring

Are the training duties in compliance with SCSEP CSA Description?	Yes	No	
Is the site in compliance with the CSA Agreement? If no, provide explanation.	Yes	No	
Compliance with CSA Description	Excellent	Good	Poor
Working conditions at host agency site (adequate space and equipment)	Excellent	Good	Poor
Safety conditions at host agency site	Excellent	Good	Poor
Additional training opportunities at the host agency site	Excellent	Good	Poor
Likelihood of unsubsidized employment at the host agency site	Excellent	Good	Poor
Compliance with program requirements (training, supervision, evaluation)	Excellent	Good	Poor

Please provide an explanation for areas with a rating of "Poor".

SCSEP Staff Comments:

Supervisor Comments: